FORM D



UNITED STATES
SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

FORM D

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPTION

| OMB APPROVAL | | | | | |
|---|-------|---------|--|--|--|
| OMB Number: 3235-0076 | | | | | |
| Expires: | April | 30,2008 | | | |
| Expires: April 30,2008 Estimated average burden | | | | | |
| hours per response16.00 | | | | | |

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| SEC USE ONLY | | | | | |
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| DATE | RECEIVED | | | | |
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| | <u> </u> |
|---|---|
| Name of Offering (Check if this is an amendment and name has changed, and indicate change.) | |
| NeoSynergy - Growth Offering Filing Under (Check box(es) that apply): Rule 504 Rule 505 Rule 506 Section 4(6) | □ nroe |
| Type of Filing: New Filing Amendment | RECEIVED |
| A. BASIC IDENTIFICATION DATA | 1111 2 200 |
| 1. Enter the information requested about the issuer | 3017 12 2005 S |
| Name of Issuer (check if this is an amendment and name has changed, and indicate change.) | |
| NeoSynergy, LLC | 183 |
| Address of Executive Offices (Number and Street, City, State, Zip Code) | Telephone Number (Including Area Code) |
| 6881 Lexington Park Mason, Ohio 45040 | 513-336-0170 |
| Address of Principal Business Operations (Number and Street, City, State, Zip Code) (if different from Executive Offices) | Telephone Number (Including Area Code) |
| Brief Description of Business | |
| Computer software and services for automobile dealers | |
| Type of Business Organization | |
| corporation limited partnership, already formed ✓ other (p business trust limited partnership, to be formed | lease specify): limited liability company |
| Month Year | |
| Actual or Estimated Date of Incorporation or Organization: 0 8 0 2 Actual Estim Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State: CN for Canada; FN for other foreign jurisdiction) | |
| GENERAL INSTRUCTIONS | JUL 0 1 2000 |
| Federal: Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D o 77d(6). | or Section 4(6), 17 CFR 230.591 et sed or 15 U/S.C. |
| When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given be which it is due, on the date it was mailed by United States registered or certified mail to that address. | |
| Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 205 | 549. |
| Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually photocopies of the manually signed copy or bear typed or printed signatures. | y signed. Any copies not manually signed must be |
| Information Required: A new filing must contain all information requested. Amendments need only report thereto, the information requested in Part C, and any material changes from the information previously supplied be filed with the SEC. | |
| Filing Fee: There is no federal filing fee. | |
| State: This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for set ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Sare to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for accompany this form. This notice shall be filed in the appropriate states in accordance with state law, this notice and must be completed. | ecurities Administrator in each state where sales the exemption, a fee in the proper amount shall |
| ATTENTION | |
| Failure to file notice in the appropriate states will not result in a loss of the federal exappropriate federal notice will not result in a loss of an available state exemption unles filing of a federal notice. | |

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|---|---|--|--|--|--|--|--|--|
| 2. Enter the information requested for the following: | | | | | | | | |
| Each promoter of the issuer, if the issuer has been organized within the past five years; | | | | | | | | |
| • Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the | e issu c t | | | | | | | |
| Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and | | | | | | | | |
| Each general and managing partner of partnership issuers. | | | | | | | | |
| Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner | | | | | | | | |
| Full Name (Last name first, if individual) Creating Elysium, LLC | | | | | | | | |
| Business or Residence Address (Number and Street, City, State, Zip Code) 6881 Lexington Park Mason, Ohio 45040 | | | | | | | | |
| Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner | | | | | | | | |
| Full Name (Last name first, if individual) Shamblee, Charles III | | | | | | | | |
| Business or Residence Address (Number and Street, City, State, Zip Code) 8881 Lexington Park Mason, Ohio 45040 | | | | | | | | |
| Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner | | | | | | | | |
| Full Name (Last name first, if individual) Green, Alian | | | | | | | | |
| Business or Residence Address (Number and Street, City, State, Zip Code) 15350 Take Off Place Wellington, Florida 33414 | | | | | | | | |
| Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner | | | | | | | | |
| Full Name (Last name first, if individual) Hoecht, Brian | | | | | | | | |
| Business or Residence Address (Number and Street, City, State, Zip Code) 710 Harman Avenue Dayton, Ohio 45419 | • | | | | | | | |
| Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner | | | | | | | | |
| Full Name (Last name first, if individual) Kiefer, David | | | | | | | | |
| Business or Residence Address (Number and Street, City, State, Zip Code) 45 Oakwood Lane Valley Forge, PA 19482 | | | | | | | | |
| Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner | | | | | | | | |
| Full Name (Last name first, if individual) Ard, Joe | | | | | | | | |
| Business or Residence Address (Number and Street, City, State, Zip Code) 801 Dorgene Lane Cincinnati, Ohio 45244 | | | | | | | | |
| Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner | | | | | | | | |
| Full Name (Last name first, if individual) Benford, Tim | | | | | | | | |
| Business or Residence Address (Number and Street, City, State, Zip Code) 132 Greenmount Boulevard Dayton, Ohio 45419, | | | | | | | | |

| 2. Enter the information re | quested for the fo | MANAGEMENT AND ASSESSMENT ASSESSMENT AND ASSESSMENT ASSESSMENT AND ASSESSMENT ASSESSMENT ASSESSMENT AND ASSESSMENT AS | KU KOTIKADI TI MBI | | | | | |
|---|-----------------------|--|--------------------------|-------------------------|---------------------------------|--|--|--|
| Bach promoter of the second seco | the issuer, if the is | suer has been organized v | within the past five yes | ars; | | | | |
| • Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer. | | | | | | | | |
| Each executive off | icer and director o | f corporate issuers and o | f corporate general and | I managing partners of | partnership issuers; and | | | |
| Each general and r | nanaging partner o | f partnership issuers. | | | • | | | |
| Check Box(es) that Apply: | Promoter | Beneficial Owner | Executive Off | icer Director | General and/or Managing Partner | | | |
| full Name (Last name first, i Mays, Linnea | f individual) | | | * ***** | | | | |
| Business or Residence Addre | ss (Number and | Street, City, State, Zip C Cincinnati, Ohio 452 | | | | | | |
| Check Box(es) that Apply: | Promoter | ☐ Beneficial Owner | Executive Off | icer Director | General and/or Managing Partner | | | |
| full Name (Last name first, i | f individual) | | | | | | | |
| Business or Residence Addre | ss (Number and | Street, City, State, Zip C | Code) | | | | | |
| Check Box(es) that Apply: | Promoter | Beneficial Owner | Executive Off | icer Director | General and/or Managing Partner | | | |
| Full Name (Last name first, i | f individual) | | | | | | | |
| Business or Residence Addre | ss (Number and | Street, City, State, Zip C | Code) | | | | | |
| Check Box(es) that Apply: | Promoter | Beneficial Owner | Executive Off | icer Director | General and/or Managing Partner | | | |
| full Name (Last name first, i | f individual) | | | | | | | |
| Business or Residence Addre | ss (Number and | Street, City, State, Zip C | ode) | | | | | |
| Check Box(es) that Apply: | Promoter | Beneficial Owner | Executive Offi | icer Director | General and/or Managing Partner | | | |
| full Name (Last name first, i | f individual) | | | | | | | |
| Business or Residence Addre | ss (Number and | Street, City, State, Zip C | Code) | | | | | |
| Check Box(es) that Apply: | Promoter | Beneficial Owner | Executive Offi | cer Director | General and/or Managing Partner | | | |
| full Name (Last name first, i | f individual) | | | | | | | |
| Business or Residence Addre | ss (Number and | Street, City, State, Zip C | Code) | | | | | |
| Check Box(es) that Apply: | Promoter | Beneficial Owner | Executive Offi | cer Director | General and/or Managing Partner | | | |
| Full Name (Last name first, i | f individual) | | | | | | | |
| Business or Residence Addre | ss (Number and | Street, City, State, Zip C | Code) | | | | | |
| | (Use blan | nk sheet, or copy and use | additional copies of t | his sheet, as necessary |) | | | |

| | | | | | | NEORMAI | CALLED ! | | N C SEPTEMBER | | | | |
|--|--|-------------|---------------|------------|-------------|---------------|---|-------------------------|---------------|---|---|------------|----------|
| to the state of th | | | | | | | Yes | No Ex | | | | | |
| 1. | 1. Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering? | | | | | | | *************** | X | | | | |
| _ | Answer also in Appendix, Column 2, if filing under ULOE. | | | | | | | _c 5,000.00 | | | | | |
| 2. | 2. What is the minimum investment that will be accepted from any individual? | | | | | | | •••••• | \$_5,000.00 | | | | |
| 2 | Does th | e offering | nermit inin | t ownershi | n of a sino | de unit? | | | | | | Yes ■ | No □ |
| | 3. Does the offering permit joint ownership of a single unit? | | | | | | | | | | | | |
| 4. Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering. If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such a broker or dealer, you may set forth the information for that broker or dealer only. | | | | | | | | | | | | | |
| | l Name (t applica | | first, if ind | ividual) | | | | | · | | | | |
| Bus | iness or | Residence | Address (N | lumber and | i Street, C | ity, State, 2 | Lip Code) | | | | | | |
| Nor | no of Ass | ongisted Dr | oker or De | aler | | | | | | | ··· | | |
| Mai | ne or wa | Sociated Di | okei di De | arcı | | | | | | | | | |
| Stat | tes in Wi | nich Person | Listed Ha | Solicited | or Intends | to Solicit | Purchasers | | | | | | |
| | (Check | "All States | s" or check | individual | States) | | •••••• | | | *************************************** | *************************************** | All States | |
| | AL | AK | AZ | AR | CA | CO | CT | DE | DC | FL | GA | HI | ID |
| | IL | IN | IA | KS | KY | LA | ME | MD | MA | MI | MN | MS | MO |
| | MT | NE. | NV | NH | NJ | NM (III) | NY | NC | ND | OH | OK. | OR | PA |
| | RI | [SC] | SD | TN | TX | UT | VT | VA | WA | WV | WI | WY | PR |
| Ful | Name (| Last name | first, if ind | ividual) | | | | | | | | | |
| Bus | iness or | Residence | Address (1 | Number an | d Street, C | City, State, | Zip Code) | | | | | | |
| Nar | ne of As | sociated Br | oker or De | aler | | | * ; * * * * * * * * * * * * * * * * * * | · · · · · · · · · · · · | | | | 4.00 | |
| Stat | es in Wi | nich Person | Listed Ha | Solicited | or Intends | to Solicit | Purchasers | ., | | | | ····· | |
| | (Check | "All States | or check | individual | States) | | | ***** | | | ****************** | ☐ Al | l States |
| | AL | AK | AZ | AR | CA | CO | CT | DE | DC | FL | GA | HI | ID |
| | IL | IN | IA | KS | KY | LA | ME | MD | MA | MI | MN | MS | MO |
| | MT | NE | NV. | NH | NI | MM | NY | NC | ND | OH | OK | OR | PA |
| | RI | SC | SD | TN | TX | UT | VT | VA | WA | WV | WI | WY | PR |
| Full | Name (| Last name | first, if ind | ividual) | | | ···· | | | | | | |
| Bus | iness or | Residence | Address (1 | Number an | d Street, C | City, State, | Zip Code) | | · | | | <u> </u> | |
| Name of Associated Broker or Dealer | | | | | | | | | | | | | |
| States in Which Person Listed Has Solicited or Intends to Solicit Purchasers | | | | | | | | | | | | | |
| (Check "All States" or check individual States) | | | | | | | ☐ All | States | | | | | |
| | AL | AK | ΑZ | AR | CA | CO | CT | DE | DC | FL | GA | HI | [ID] |
| | IL | IN | IA | KS | KY | LA | ME | MD | MA | MI | MN | MS | MO |
| | MT | NE | NV | NH | NJ | NM | NY | NC | [QM] | OH | OK | OR | PA |
| | RI | SC | SD | TN | TX | UT | VT | VA | WA | WV | WI | WY | PR |

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

| 1. | Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if the answer is "none" or "zero." If the transaction is an exchange offering, check this box \(\) and indicate in the columns below the amounts of the securities offered for exchange and already exchanged. | | |
|----|--|-----------------------------|----------------------------|
| | Type of Security | Aggregate Offering Price | Amount Already Sold |
| | Debt | S | \$ |
| | Equity | | |
| | ☐ Common ☐ Preferred | | |
| | Convertible Securities (including warrants) | 5 | \$ |
| | Partnership Interests | | |
| | Other (Specify LLC Interests) | | |
| | Total | | |
| | Answer also in Appendix, Column 3, if filing under ULOE. | | - |
| 2. | | | Aggregate |
| | | Number Investors | Dollar Amount of Purchases |
| | Accredited Investors | | \$ 80,000.00 |
| | Non-accredited Investors | | \$ 120,000.00 |
| | Total (for filings under Rule 504 only) | | |
| | Answer also in Appendix, Column 4, if filing under ULOE. | | Ψ |
| 3. | If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C — Question 1. | | |
| | Type of Offering | Type of Security | Dollar Amount Sold |
| | Rule 505 | | \$ |
| | Regulation A | | \$ |
| | Rule 504 | | \$ |
| | Total | | \$ 0.00 |
| 4 | a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the insurer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate. | | |
| | Transfer Agent's Fees | | \$ |
| | Printing and Engraving Costs | | \$ |
| | Legal Fees | | \$_5,000.00 |
| | Accounting Fees | | \$ |
| | Engineering Fees | _ | \$ |
| | Sales Commissions (specify finders' fees separately) | | \$ |
| | Other Expenses (identify) | | \$ |
| | Total | | \$ 5,000.00 |

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|------|---|---|--|-----------------------|
| | b. Enter the difference between the aggregate offe and total expenses furnished in response to Part C — proceeds to the issuer." | - Question 4.a. This difference is the "adjusted gross | | 1,995,000.00 |
| 5. | Indicate below the amount of the adjusted gross preach of the purposes shown. If the amount for a check the box to the left of the estimate. The total of proceeds to the issuer set forth in response to Pan | ny purpose is not known, furnish an estimate and if the payments listed must equal the adjusted gross | | |
| | € | | Payments to Officers, Directors, & Affiliates | Payments to Others |
| | Salaries and fees | | \$ 245,000.00 | \$ 750,000.00 |
| | Purchase of real estate | |]\$ | \$ |
| | Purchase, rental or leasing and installation of ma | chinery | 7 \$ | П¢ |
| | | cilities | _ | |
| | Acquisition of other businesses (including the va offering that may be used in exchange for the ass | lue of securities involved in this | | |
| | | | | |
| | Working capital | |]\$ | \$ 1,000,000.00 |
| | | | _ | |
| | | |]\$ | |
| | Column Totals | ······· | \$ 245,000.00 | \$ 1,750,000.00 |
| | Total Payments Listed (column totals added) | | ₽ \$_1,9 | 95,000.00 |
| | | D TEDERAL SIGNATURE | | |
| sign | issuer has duly caused this notice to be signed by the ature constitutes an undertaking by the issuer to fu | e undersigned duly authorized person. If this notice rnish to the U.S. Securities and Exchange Commiss redited investor pursuant to paragraph (b)(2) of R | is filed under Rul ion, upon writter | e 505, the following |
| Issa | er (Print or Type) | Signature | ate , | <u> </u> |
| Ne | oSynergy, LLC | | 6/17/ | 05 |
| Nar | ne of Signer (Print or Type). 7. Fred Country of I | Title of Signer (Print or Type) | | |
| | | | | |

- ATTENTION -

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)